ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION		-		
O.I.P.E. CLASSIFIER				-18-
FORMALITY REVIEW	Min	11-0	20/04/2	− 7-2 <i>30 </i>
RESPONSE FORMALITY REVIEW	2 Pi	1000	BH2/95/01	
			AVAL	ABLE COD
	INDEX OF	CLAIMS	· 4/L	AD.
		N	Non-elected	JOCE -
=		1	Interference	~ CO~.
— (Through numeral)		Α		
•	Restricted	0	Objected	

	•	Hestricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
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2 1	+++++	51 52	+++++	101	
3		53		103	+++++
4		54		104	
6	++++	55		105	
171111	† 	56	+++++	106	
8	 	58	 	108	
9		59		109	
10		60		110	
12	+	61		111	
13 4/	 	62	++++	112	
	* 	64	+++++	113	4 + 4 + 4 + 4 - 4
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16		66		116	┤┤┤┤┤
17	 	67		117	
18	++++	68		118	
Tis W W	 	69	+++++	119	
00N	 	70 71	+++++	120	
22	 	72	+++++	121	++++++
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24		74	 	124	┞┼┼ ┼┼┼┤
25		75		125	┞┈┼┈┼┈┤
26		76		126	
28		77 78		127	
29		79	+++++	128	
30		80	 	129	
31		81	 	131	
32 V V		82		132	
33 34		83		133	
35		84 85	 	134	
36	++++	86	+++++	135	
37		87	 	137	
38		88	 	138	┝┾┼┼┼┼┼
39		89		139	
40		90		140	-++++
41		91		141	
42 43		92		142	
44	++++	93	 	143	
45	- 	94 95		144	
46		96	 	145	
. 47		97		147	
· 48		98		148	
49	++++	99		149	
50		100		150	

If more than 150 claims or 10 actions staple additional sheet here

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